Introduction to the health care services assessment tables

As part of its HIPAA implementation effort to determine which of its programs qualified as health plans, DHFS applied the health plan exclusion given to government-funded programs. The text of this exclusion is listed within the health plan definition at 45 CFR 160.103. Programs whose principal purpose is other than providing or paying the cost of health care are not considered health plans under HIPAA. A significant number of non-health services are paid for by the Wisconsin Medicaid Home and Community Based Waivers and the AODA and Mental Health block grants. Determining the covered health plan status of these programs involved:

Sorting the covered services (HSRS codes) into non-health and health services by comparing the program service definition to the referenced medical service definitions and commentary within the final privacy rule.

Conducting a survey of all Wisconsin counties to determine if a majority of the monies spent for the AODA and Mental Health programs were for the direct provision of services, were by grant, or were paid out on claims or capitated basis.

The final determination of the HIPAA covered health plan status for these programs was based upon the results of these two work efforts.

The following tables show the results of the sort of non-health and health care services for the above programs. This information is provided to assist local implementation efforts. It articulates which service providers are non-health service providers. Please note that, despite the overwhelming number of non-health services covered by the Wisconsin Medicaid Home and Community Based Waivers, the above government program exclusions do not apply since the federal Health and Human Services has clarified that those services are part of the Medicaid program and that program is specifically within HIPAA as a covered health plan. Additionally, all services billed electronically to Wisconsin Medicaid will have to use the standard transactions.

WISCONSIN MENTAL HEALTH SERVICES ASSESSMENT

Non-Health Care Services ****	HSRS	Health Care Services	HSRS
	Code		Code
Work Related Services	108	** Crisis Intervention	501
Adult Family Home	202	Inpatient	503
Foster Home	203	Emergency Detention	503/10
Group Home	204	Emergency Room	503/20
Shelter Care	205	DD Center/Nursing Home	505
Juvenile Probation and Supervision	303	Counseling/Therapeutic Resources	507
Services			
Community Based Care/Treatment	506	Outpatient – Medication	507/10
Facility		Management	
Case Management/Service Coordination	604	Outpatient – Individual	507/20
Supported Employment	615	Outpatient – Group	507/30
Detoxification	705	Outpatient – Family or Couple	507/40
* Day Center Services – Non-medical	706	Outpatient – Intensive In-Home	507/50
		Outpatient – Family Support	507/60
		*** Community Support	509
		Day Treatment – Medical	704
		Institution for Mental Disease	925

- * A day treatment program is a nonresidential program in a non-medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services. The preponderance of services for all clients is non-health care services. If a client needs a preponderance of health care services, the client should be referred for a nursing home placement.
- ** Crisis Intervention is a constellation of services, including but not limited to: counseling/psychotherapy, supervision, general physical health, transportation, referral, 24-hour hot lines, and crisis response teams. These services are meant to provide an immediate response when a person presents a significant danger to him/herself or others and to reduce the risk of dangerousness and arrange for appropriate treatment follow-up for the person. The preponderance of these services for the majority of clients constitutes a health care service, as defined by HIPAA.
- *** Community Support is the provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. By its very nature, community support includes many services that clearly are health care services, including but not limited to, assessment/diagnosis. counseling/psychotherapy, crisis consultation, and medical support. Community support also includes many services that clearly are not health care services as defined by HIPAA, including but not limited to, advocacy, education/training, person locating, referral, transportation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services between the community support program and other human services programs and sources of funding (e.g., Social Security). Because data that breaks down the types of services and the staff involved in providing the services does not exist for all Community Support Programs, the department is unable to determine if the preponderance of services for the majority of clients are health care services or not. Therefore, to ensure that the department is fully complying with HIPAA requirements, we will consider Community Support, SPC #509, to be a health care service.

**** Though the services listed in the non-health care services column do not meet the *HIPAA* definition of a health care service, those that are reimbursable by Wisconsin Medicaid will be treated as health services when electronic claims are submitted. This means that the HIPAA standard claims transactions must be used for all electronic billing to Wisconsin Medicaid. This policy decision is necessary to maintain the efficiency of the MMIS system and continue to meet other federal Medicaid requirements. HIPAA permits any health care insurer to require that all electronic claims – even non-health care claims – be submitted using the standard transactions. Though you may continue to have discretion in this area for non-health care electronic claims submitted to other insurers, these other insurers may also require the use of HIPAA compliant transactions for their implementations.

WISCONSIN ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES

Non-Health Care Services ***	HSRS Code	Health Care Services	HSRS Code
Child Day Care	101	*Crisis Intervention	501
Adult Day Care	102	Medically-Managed Inpatient	503/50
Supportive Home Care	104	Medically-Monitored Treatment	503/70
Housing Energy Assistance	106	Counseling/Therapeutic Resources	507
Transportation	107	Outpatient	507/all
Work Related Services	108	Outpatient – Regular	507/00
Daily Living Skills Training	110	Outpatient – Intensive	507/05
Interpreter Services	112	Emergency Outpatient	507/50
Adult Family Home	202	Methadone Detoxification	507/70
Foster Home	203	Narcotic Treatment	507/75
Group Home	204	**Community Support Program	509
Shelter Care	205	Health Screening	606
Court Intake Study	301	Medically Managed Inpatient Detoxification	703/10
Home Delivered Meals	402	Medically Monitored Residential Detoxification	703/20
Recreation	403	Ambulatory Detoxification	703/50
Protective Pay Guardian	406	Day Treatment	704/10
Community Prevention	408		
Residential Care Center	504		
Transitional Residential (HFS 124)	506/10		
Transitional Residential (CBRF)	506/20		
Drug Testing	507/06		
Outreach	601		
Information and Referral	602		
Intake Assessment	603		
Case Management	604		
Supportive Employment	615		
Residential Intoxication Monitoring	705/10		

^{*} Crisis Intervention includes a variety of health care and non-health care services, including but not limited to: services that respond to a substance abuser's needs during acute episodes that may involve physical distress, counseling/psychotherapy, clinical supervision, transportation, referral, 24-hour emergency phone service, and crisis response teams. These services are meant to provide an immediate response when a person presents a significant danger to him/herself or others to prevent the death or serious harm or impairment of the health or mental health of the individual or others or prevent the return to drug abuse. The preponderance of these services for the majority of clients constitutes a health care service as defined by HIPAA.

^{**} Community Support Program (CSP) is the provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. By its very nature, community support includes many services that clearly are health care services, are included on the individual's treatment plan, and

are prescribed by a physician. However CSP also includes many services that clearly are not health care services as defined by HIPAA. Data that breaks down the types of services and the staff involved in providing the services does not exist for all CSPs the department is unable to determine if the preponderance of services for the majority of clients are health care services or not. Therefore, to ensure that the department is fully complying with HIPAA requirements, we will consider Community Support to be a health care service.

*** Though the services listed in the non-health care services column do not meet the HIPAA definition of a health care service, those that are reimbursable by Wisconsin Medicaid will be treated as health services when electronic claims are submitted. This means that the HIPAA standard claims transactions must be used for all electronic billing to Wisconsin Medicaid. This policy decision is necessary to maintain the efficiency of the MMIS system and continue to meet other federal Medicaid requirements. HIPAA permits any health care insurer to require that all electronic claims – even non- health care claims – be submitted using the standard transactions. Though you may continue to have discretion in this area for non-health care electronic claims submitted to other insurers, these other insurers may also require the use of HIPAA compliant transactions for their implementations.

WISCONSIN MEDICAID WAIVERS HEALTH CARE SERVICES ASSESSMENT

Non Health Care Services *	HSRS	Health Care Services	HSRS
	Code		Code
Adult Day Care	102	Adaptive Aids (Durable Medical	112.99
		Equipment and Disposable Medical	
		Supplies)	
Adaptive Aids - Vehicles	112.57	Counseling & Therapeutic Resources – Hours	507.03
Adult Family Home 1-2 Beds	202.01	Communications Aids (Durable	112.47
Adult Family Home 3-4 Beds	202.02	Medical Equipment and Disposable	
		Medical Supplies)	
Advocacy and Defense Resources	605	Community Support Program	509
Alternative Activities	403.02	Day Treatment - Medical	704
Alternative/Other	403.03	Disposable Medical Supplies	112.55
Communication Aids (Interpreter	112.47	Skilled Nursing Services	710
Services portion)		(Independent/Private Duty Nursing)	
$CBRF > 100 \ Beds$	506.68	Case Management	604
CBRF 17-20 Beds	506.65		
CBRF 21-50 Beds	506.66		
CBRF 51-100 Beds	506.67		
CBRF 5-8 Beds	506.61		
CBRF 9-16 Beds	506.64		
CBRF independent apartments	506.63		
Congregate Meals	401		
Consumer Ed & Training	113		
Court Intake and Studies	301		
Daily Living Skills	110		
Day Services	706		
Detoxification	705		
Energy Assistance	106.01		
Home Delivered Meals	402		

Home Modifications	112.56		
Housing Assistance	106.02		
Housing Counseling	610		
Housing Start-up	106.03		
Personal Care	104.21		
	104.11		
Personal Emergency Response	112.46		
System			
Prevocational Services	108		
Protective Payments/Guardianship	406		
Recreation Activities	403.01		
Residential Care Apartment			
Complex RCAC	711		
Respite Care - Other	103.99		
Respite Care Institutional	103.24		
Respite Care Residential	103.22		
Supportive Home Care (SHC)	104.24		
Chore Services	104.14		
SHC - hours	104.20		
	104.10		
SHC - Personal Care			
SHC - Routine Home Care	104.23		
	104.13		
SHC - Supervision Services	104.22		
	104.12		
Shelter Care	205		
Supported Employment	615		
Specialized Transportation & Escort	107.30		
- non-medical (trips)			
Transportation - non-medical	107.40		
(miles)			
Treatment Foster Home	203		

^{*} Though the services listed in the non-health care services column do not meet the HIPAA definition of a health care service, those that are reimbursable by Wisconsin Medicaid will be treated as health services when electronic claims are submitted. This means that the HIPAA standard claims transactions must be used for all electronic billing to Wisconsin Medicaid. This policy decision is necessary to maintain the efficiency of the MMIS system and continue to meet other federal Medicaid requirements. HIPAA permits any health care insurer to require that all electronic claims – even non-health care claims – be submitted using the standard transactions. Though you may continue to have discretion in this area for non-health care electronic claims submitted to other insurers, these other insurers may also require the use of HIPAA compliant transactions for their implementations.